



COMMERCE AND INSURANCE  
**TENNESSEE COMMISSION ON FIRE FIGHTING**

500 James Robertson Parkway, 10<sup>th</sup> Floor  
Nashville, TN 37243 – 615-741-6780

**APPLICATION FOR FIRE OFFICER-I PRACTICAL EXAMINATION**

**FOR COMMISSION USE ONLY**

Rec'd \_\_\_\_\_  
App'd \_\_\_\_\_  
Adm by: \_\_\_\_\_ Date \_\_\_\_\_  
Start: \_\_\_\_\_ Stop: \_\_\_\_\_  
PASS \_\_\_\_\_ FAIL \_\_\_\_\_

In order to qualify to challenge the practical and written examinations for Fire Officer I, the applicant must have achieved Fire Department Instructor-I certification.

The practical for Fire Officer I will be completion of 2 project scenarios during a written examination. The applicant will be provided the 2 scenarios with directions and the required tasks to complete. The applicant will have 3 hours to complete these projects. The completed projects will be returned to the Commission for grading. This is a closed book practical; no reference materials may be used with the exception of a dictionary and ERG (where applicable) which the Field Representative will provide. Applications must be received in the Commission Office at least 2 weeks prior to test date. Applications may be scanned and submitted in pdf format, faxed or mailed.

Results will be sent to the applicant at the address listed below and the sponsoring fire department. If the applicant successfully completes this practical examination, the department may then submit the Application for Written Examination for this applicant to challenge the written examination for Fire Officer I.

***The Tennessee Commission on Fire Fighting Personnel Standards and Education requires the applicant to bring a government issued ID in order to be admitted to any examination.***

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street City State Zip Code

Applicant's Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Applicant's TN Driver's License #: \_\_\_\_\_

Fire Department Name: \_\_\_\_\_

HAS THE APPLICANT COMPLETED A COMMISSION APPROVED TRAINING COURSE FOR THIS LEVEL OF CERTIFICATION? YES\_\_\_ NO\_\_\_ IF YES, TITLE, DATE, & LOCATION OF COURSE:

**REQUESTED TEST SITE INFORMATION**

NOTE: Exam test dates can be found at <http://www.tn.gov/fire/testing-calendar.shtml>

Requested Test Site: \_\_\_\_\_ Test Date: \_\_\_\_\_ Test Time: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Training Officer's Signature

EVALUATED BY: \_\_\_\_\_

PASS \_\_\_\_\_ FAIL \_\_\_\_\_

If failed, please provide comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_